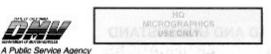
Yes P No

☐ Yes @ No



Addres

## DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

e (If different from mailing address), Nur

Number to the Department of Motor Vehicles when one is assigned to me.

## DO NOT DUPLICATE

PURPOSE FOR YOUR VISIT: ✓ the appropriate box(es).			FOR DMV USE ONLY
PRINT USING BLACK OR BLUE INK  RIVER LICENSE (DL)  Original DL/Permit	IDENTIFICATION CARD (ID)  Original ID Card/Renewal  Senior ID Card/Renewal (Age 62+)  Replacement  Lost Stolen	CORRECTION  DL DID CARD	BDUP Code State/Country DOCUMENT4 Review: Primary Secondary Tech IDDate
PLEASE PROVIDE THE FOLLOWING NOTE: You must use your true full name.		. Refer to the Califor	nia Driver Handbook.

Driver License on ID Card Number Social Security Number State on Country 45-6789 Middle Name Last Name Racei First Name Suffix (Jr., Sr., III) Joe Mailing Address, P.O. Box, or Private Mail Box (Include Box Number, St., Av. 123 Main Street Anutow ., etc.). Number, Street, Apt/Space No., City, State, Zip Code main 99999

Hair Color Eye Color Sex Height Weight Brown P M 3 COMPLETE THIS SECTION ONLY IF YOU ARE NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER: I certify under penalty of perjury under the laws of the State of California that no Social Security Number has ever been issued to me and I am not presently eligible for a Social Security Number. I understand that pursuant to Vehicle Code Section 12801 I must provide my Social Security

City. State, Zip.

Signature × LICENSING NEEDS: \(\sigma\) the appropriate box(es). Refer to the California Driver Handbook for additional information.

BASIC LICENSE

☐ AMBULANCE CERTIFICATE NON-COMMERCIAL LICENSE

■ Basic Class C Motorcycle □ Class A Class B □ VERIFICATION OF TRANSIT TRAINING

FIRE FIGHTER

If basic license only, go to Part 5. ☐ Class B Class A COMMERCIAL DRIVER ONLY (SSN documentation is required before any original commercial driver license application is started.)

COMMERCIAL LICENSE **ENDORSEMENTS** 

RESTRICTION

☐ Class A Doubles/Triples School Bus ☐ Class B ☐ Class C ☐ Air Brakes

☐ Passenger Transport ☐ Hazardous Materials/Waste ☐ Doub☐ Tank

I certify that the motor vehicle in which I am taking the driving skills test is representative of the type of motor vehicle I expect to operate. I am not subject to any disqualification, suspension, revocation, or cancellation as contained in Title 49 of Federal Regulations, Part 383.51, and I do not have a driver license from more than one state or jurisdiction. The names of all states or other jurisdictions where I have previously been licensed to drive any type of motor vehicle during the previous 10 years are listed in Part 5A below.

ACCORDING TO PART 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS ☐ I plan to operate in foreign or interstate commerce and I meet the qualifications.

☐ I do not plan to operate in foreign or interstate commerce and I am not subject to Part 391

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Have you applied for a Driver License or Identification Card in California or another state/country using a different name or number within the past ten (10) years? .....

If yes, print name, DL/ID number, and state or country. Have you had your driving privilege or a driver license cancelled, refused, delayed, suspended, or revoked?

If yes, indicate date and reason below. Within the last five years, have you had or experienced any of the medical conditions specified on the back of this form that affects your ability to operate a motor vehicle safely? Please read the "Medical Information" on the back of this

form before answering. Yes P No DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION OR VOTER ADDRESS?

DO YOU WISH VOTER Y YES-Complete the I am a registered voter; I moved and wish to update my voter record. CHANGE TO REGISTER TO attached voter form. **VOTE OR CHANGE** OF Do not complete

to a new county—Complete the attached voter form. within the same county—Do not complete the attached form. Your voter record will be automatically updated. attached voter form. POLITICAL AFFILIATION? ADDRESS

FOR DRIVER UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED: ans have joint custody, BOTH MUST SIGN. I/We accept civil liability for this minor If both parents/guardia

Apt No.

Apt. No. 99999

TIFICATION: I have read, understand and agree with the contents of this form, including the certifications on the back of this form. certify under penalty of perjury under the laws of the State of California that all the Information on this form is true and correct. Do not sign until instructed to do so by a DMV employee.

FOR DMV FIELD OFFICE USE ONLY

Daytime Phone Number 9(6) 555 4382 2005